

05/07/04

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7590

05/03/2004

Cohen & Grigsby, P.C.
 15th Floor
 11 Stanwix Street
 Pittsburgh, PA 15222

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/932,244	08/17/2001	Josh R. Roberts	01-020 CIP	5100

TITLE OF INVENTION: REMOTE DETECTION, MONITORING AND INFORMATION MANAGEMENT SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/03/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BARAN, MARY C	2857	702-188000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cohen & Grigsby, P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Eye On Solutions, LLC

Rockville, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 10

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2026 (enclose an extra copy of this form).

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 01 FC:2501 665.00 OP
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 01 FC:8001 30.00 DA

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I hereby certify that the documents listed below are being deposited on the date indicated below, with the U. S. Post Office as Express Mail Post Office to Address Service in an envelope addressed to:

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Donna Brutscher

Donna Brutscher

Date of Deposit: May 6, 2004